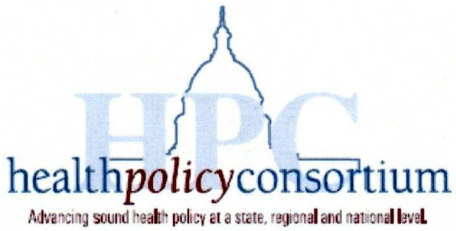

Human Services Interim Committee

Tuesday, July 30, 2013

Good Morning Chairman Damschen and members of the committee. For the record, my name is John Vastag and I serve as the Executive Director for the Health Policy Consortium which includes Trinity Health system, Altru Health system, and Sanford Health system in North Dakota.

I am here today to provide you with some background information on a task force that HPC and the North Dakota Hospital Association conducted during the previous interim. This task force was formed due to the continuing concerns regarding the current behavioral health delivery system and the significant gaps within the current system. (Please see Attachment One which is the minutes from our December 19, 2011 stakeholders planning session.) The focus of the task force was to determine how we transition toward a delivery system that provides a full continuum of services using the appropriate resources for the best possible outcome for each individual.

Our goal was to discuss and develop a statewide plan to address behavioral health and substance abuse issues within the state and present findings to the governor in mid-summer of 2012 for consideration of inclusion into his upcoming Executive Budget. (Please see Attachment Two which are the minutes from our January 30, 2012 meeting. Please note expanded list of stakeholders).

Although we were able to cover a lot of ground, due to a number of circumstances such as changes in personnel, changes in duties, etc. the task force was unable to complete the intended goal. Therefore, I asked Senator Lee to please consider sponsoring a bill that would provide for a study of behavioral health services within North Dakota. Senator Lee was gracious enough to do so and that is why we are here today. I would also like to thank Representative Hofstad and Senator Mathern for sponsoring the bill as well.

Somewhat ironically, my lobbying career started over thirty years ago as a result of another service delivery system within North Dakota failing to meet the needs of some of our most vulnerable residents. Some of you may recall the ARC lawsuit from the early 1980's.

At that time, North Dakota had a law which prohibited for-profit companies from operating residential group homes for people with developmental disabilities. Dr. Darwin Hirsch was the lead person for the Department of Human Services. He was well aware that the State could not meet the requirements of the lawsuit with the services available from current non-profit providers. Therefore he asked if our company would be interested in providing services within North Dakota.

Our first step was to get the law changed to allow for-profit providers to operate residential group homes. After successfully getting that initial step completed, our company was awarded contracts to develop residential facilities in Grafton, Grand Forks, Devils Lake and Minot.

Within a fourteen month period, I hired over two hundred staff, had fourteen residential facilities built in the afore mentioned communities, personally evaluated hundreds of residents at the institution to determine if they were able to transition to community placement and we proceeded to move over ninety people from the institution in Grafton to community residential facilities.

The end result was that over time, within North Dakota, we have ended up with a continuum of care for people with disabilities and have within that continuum of care the appropriate safety nets if they have a setback. We have also over time developed a full continuum of care for our elderly citizens. Although neither of these systems are ideal, they demonstrate the effectiveness and efficiency of a properly balanced public–private partnership.

The Governor's 2011-2013 Executive Budget report stated, "We also need to make investments that help take care of people. We have all been alarmed by headlines recently about teen suicide rates, especially on our Native American reservations. These highlight the need to make more resources available for critical mental health services for our citizens.

Our budget recommends an increase of nearly $8 million across several agencies to address mental health challenges facing some of our citizens."

Unfortunately, few of these recommendations came to fruition. The funding for NCHSC Crisis beds ($1,144,661), funding for an additional staff at the Cooper House ($350,400), and four additional adult crisis beds at WSHSC ($309,128) are just some of the items that were not funded.

The 2013-2015 Executive budget included recommendations for $2.2 million from the general fund for additional bed capacity for the transitional living program, short term crisis stabilization and long term residential program for individuals with mental illness, and/or chemical dependency issues. Also approved was $222,649 for partnership and mental health case management and $296,000 for services at the Robinson Recovery Center.

As you can see, attempts at improving the delivery system have been made during the past legislative sessions. Unfortunately, those attempts have fallen short of providing a delivery system that provides a full continuum of care with the appropriate safety nets for our citizens with behavioral health and/or substance abuse conditions. To make a sustainable improvement in the behavioral health and substance abuse delivery system, it is crucial to connect practice and policy. Therefore, following me today are several individuals from various professional backgrounds who are experts in their field. They will provide you with information that reflects what they are experiencing in real life on a day to day basis within their profession.

Last Friday, I had the opportunity to have a lengthy phone call with Renee Schulte from Iowa. She served in the Iowa House of Representatives in 2011 and 2012.

Iowa is in the process of going through a statewide mental health reform as a result of the legislation they passed during the time Ms. Schulte was there.

They are focusing on:

1) Person Centered Care
2) The new system will be evidence based.
3) The new system will contain Performance Based Contracting.
4) Peer to Peer Support
5) Improved Case Management.

I would highly recommend that this committee consider having Ms. Schulte come and present to this committee. I think having outside input from someone who has traveled the path you are embarking on would be invaluable.

As you dig deeper into this study, you may find that increased staff time may be needed to complete the research necessary to develop the desired outcomes.

It is our hope that the information completed by our task force and the information you hear from the individuals following me will be beneficial to you as a committee as you shape the direction you take on this very crucial study.

Chairman Damschen and committee members thank you for your time and I would be happy to answer any questions that you may have.

ATTACHMENT ONE

North Dakota Behavioral Health & Substance Abuse

Stakeholders Planning Session

Minutes

December 19, 2011

Present:

Scott Davis, Dr. Mike Dallogio, Dawn Hoffner, Lynette Tastad, Arlen Biberdorf, Jennifer Harrington, Dr. Read Sulik, Cyndy Skorick, Susan Helgeland, John Vastag, Tim Blasl

Purpose of Task Force:

Review and develop statewide plan to address mental health issues within North Dakota. Present findings to Governor in June 2012.

Stakeholders:

John and Tim will discuss other possible stakeholders who should be invited to future task force meetings.

Topics of Discussion:

- Case Management.
- Discuss integration between state and tribal.
- Define alcohol abuse needs.
- Look at different models for alcohol and drug abuse programs.
- Better integration between state resources and county/city jails.
- Review tele-health services.
- Education needed for all providers/groups involved in the mental health service chain. Includes elected officials.
- Keep moving forward with goals that have been discussed in the past.
- Improve access to care.
- What is the role of state hospital and service centers.
- Review other state models for delivery of mental health services.
- Reimbursement.
    - Can new model save costs for state.
    - Review BCBS reimbursement .
- Improve professional work shortages within state.
    - Western part of North Dakota.

  - Tribal reservations.
- How to retain professional providers.
- Professional licensing issues.
- Increase services for geriatrics.
- Review state hospital admission process.
- Develop mental health mobile crisis team.
- Need to take pressure off ER's.
- Management of reoffenders.
- Transportation.
- Staff Safety.

Next Meeting

- January 13, 2012, 10 am – Noon
- Both Dr. Read Sulik and Dr. Mike Dallgio have agreed to co-chair future meetings.

Stakeholder names and email address as of December 2011

- Scott Davis sjdavis@nd.gov
- Dr. Mike Dallogio dalloliom@hotmail.com
- Dawn Hoffner dawn.hoffner@uhsinc.com
- Lynette Tastad tastadl@casscountynd.gov
- Arlene Biberdorf arlene.biberdorf@sanfordhealth.org
- Jennifer Harrington jharrington@mohs.org
- Dr. Read Sulik read.sulk@sanfordhealth.org
- Cyndy Skorick cyndy.skorick@sanfordhealth.org
- Susan Helgeland srhelgeland@gmail.com
- John Vastag john.vastag@sanfordhealth.org
- Tim Blasl tblasl@ndha.org

ATTACHMENT TWO

North Dakota Behavioral Health & Substance Abuse

Taskforce Meeting

Minutes

January 30, 2012

Present:
Dr. Read Sulik, Dr. Mike Dallogio, Dawn Hoffner, Lynette Tastad, Jennifer Harrington, Cyndy Skorick, Bret Burkholder, Alex Schweitzer, JoAnne Hoesel, Kathleen Johnson, Mike Reitan, Deb Anderson, Greg Lafrancois, John Vastag, Tim Blasl

Absent:
Scott Davis, Susan Helgeland, Arlene Biberdorf

Purpose
This taskforce is going to discuss and develop a statewide plan to address behavioral health and substance abuse issues within the state and present findings to Governor in mid-summer.

- **Chemical /Substance Abuse**
    - Chemical/Substance Abuse sub-committee developed
        - Dr. Dallogio – Chair
    - Discuss needs for Methadone/Suboxone Clinics
        - How would detox treatment care be handled?
        - Clinics needed.
        - Opiate dependency on the rise.
    - Addiction Psychiatrists
        - Need for more physicians
        - Dr. Mike Dallogio is the only in North Dakota
    - What is the state's role regarding detox?
    - Other chemical dependency abuse concerns

ATTACHMENT TWO

- 14 day treatment
  - Change law to 30 days per court committal

- Challenges facing Human Service Centers
  - Staff availability
  - Bed capacity

- Challenges facing Hospitals
  - Crisis bed unavailable – Inpatient stay at hospital
  - Self-Pay, charity care, and bad debt on rise
  - Visit becomes community benefit
  - Cost of care

- Mandatory education for providers/physicians
  - Chemical dependency CME
  - Licensure requirement
  - 8 hours of training for primary care not sufficient

- Levels of Care
  - Allow other providers to determine level of care
  - Improves access

- Review Department of Human Services "State Case Management Report"

- Develop Case Management sub-committee

- Develop Indian Health Services sub-committee

Next Meeting

- March 9, 2012, 1 pm – 4 pm
- Both Dr. Read Sulik and Dr. Mike Dallgio have agreed to co-chair meetings.

ATTACHMENT TWO

Stakeholder names and email address

- Scott Davis sjdavis@nd.gov
- Dr. Mike Dallogio dalloliom@hotmail.com
- Dawn Hoffner dawn.hoffner@uhsinc.com
- Lynette Tastad tastadl@casscountynd.gov
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- Alex Schweitzer aschweit@nd.gov
- JoAnne Hoesel jhoesel@nd.gov
- Kathleen Johnson kljohnson@primecare.org
- Mike Reitan mike.reitan@westfargo.gov
- Deb Anderson danderson@ndmed.com
- Greg Lafrancois greg.lafranois@uhsinc.com